

Bureau of Dairies and Foods' Record of Positive Load and Producer Responsible

Milk company:		Test site:	
Identity of positive load:		Pounds of milk:	
Date reported:	Time reported:	By whom?	

PRODUCERS ON LOAD (* = producer with positive results)

TEST METHOD

Presumptive positive: _____ Result: _____ Analyst: _____ Date: _____ Time: _____

Screening test positive
load confirmation _____ Result: _____ Analyst: _____ Date: _____ Time: _____

Destination and/or disposition of the milk:
Direction of the Bureau:

PRODUCER INFO

Name of producer:	Route #:	Inspector:	Offense #:
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SUSPENSION INFO

Date suspended:	Date of negative result:	Test method:	Analyst:
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